

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

10/526164

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1	1		
3	1		1			
4		1		1		
5	1		1			
6		1	1	1		
7	1		1			
8		1		1		
9	1		1			
10		1		1		
11	2		2			
12	1		1			
13	1		1			
14	1		1			
15	1		1			
16	1		1			
17	1		1			
18	2		2			
19	2		2			
20	2		2			
21	2		2			
22	2		2			
23	2		2			
24	2		2			
25	1		1			
26		1				
27			1			
28			1			
29			1			
30		1		1		
31			1			
32			1			
33			1			
34		1				
35			1			
36			1			
37			1			
38			1			
39		1				
40			1			
41			1			
42			1			
43		1				
44			1			
45			1			
46			1			
47			5			
48			5			
49			5			
50			5			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					5	
52					5	
53					1	
54					1	
55					1	
56					1	
57					1	
58					1	
59					1	
60					1	
61					1	
62					1	
63					1	
64					5	
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95						
96						
97						
98						
99						
100						
TOTAL IND.					10	
TOTAL DEP.					91	
TOTAL CLAIMS					101	